

FILED JUL 8 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20762

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 577

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Springfield</u> TOWN <u>Springfield</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Springfield</u> 03960	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>21111 N Summit</u>				Length of stay in 1b <u>74 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>2111 N Summit St.</u>	
3. NAME OF DECEASED (Type or print) <u>Maggie</u> <u>Silvers</u> <u>Pate</u>				4. DATE OF DEATH Month <u>6</u> Day <u>27</u> Year <u>57</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan (?) 1867</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Ozark Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Silvers</u>				14. MOTHER'S MAIDEN NAME <u>Jane Horn</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT Address <u>Henryetta Goodwin 2111 N. Summit St.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio - Vascular Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4221</u>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>June 17, 1957</u> to <u>June 27, 1957</u> and last saw <u>her</u> alive on <u>June 25, 1957</u> . Death occurred at <u>11:35 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Lyman W. Brown M.D.</u>				22b. ADDRESS <u>311 1/2 College</u>		22c. DATE SIGNED <u>6/28/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-2-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hazlewood Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>H.V. Smith 602 N. Jefferson St.</u>				25. DATE RECD. BY LOCAL REG. <u>7-2-57</u>		26. REGISTRAR'S SIGNATURE <u>Edith Williams</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me; or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Herbert V. Smith

Licensed Embalmer No. 428

P. O. Address Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.